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APPLICANTS

Oskar Axelsson, Malmo, SWEDEN;
 Klaes Golman, Malmo, SWEDEN;
 Sven Mansson, Malmo, SWEDEN;
 Stefan Petersson, Malmo, SWEDEN;

**** CONTINUING DATA *******

This application is a 371 of PCT/NO03/00395 11/27/2003 *KF*

**** FOREIGN APPLICATIONS *******

NORWAY 200225711 11/27/2002 *KF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Katja Grunz</i> Examiner's Signature	<i>KF</i> Initials			

ADDRESS

36335

TITLE

Method of magnetic resonance imaging

FILING FEE RECEIVED 1230.	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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